Juvenile Rehabilitation Administration POLICY 35

SUBJECT: INTEGRATED TREATMENT MODEL

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EFFECTIVE

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APPROVED BY:

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35-100 PURPOSE

This policy provides guidelines for the systematic approach to rehabilitation in the Juvenile Rehabilitation Administration (JRA).

35-200 SCOPE

This policy applies to JRA organizational units and contracted programs.

35-300 DEFINITIONS

Case Management: The integrated, structured approach used to develop and document service provision and skill attainment for youth and families.

Continuum of care: All rehabilitative services consistent with statutory authority provided by JRA to JRA youth, from commitment through discharge, including diagnostic, residential, and parole services.

Family: For purposes of rehabilitation, family means the people the youth lives with or relies on for support and who have a significant role in the youth's life.

Integrated Treatment Model (ITM): The rehabilitative and case management service delivery system for youth committed to JRA (ITM Report). The ITM has a residential component based in Cognitive-Behavioral Therapy (CBT) and a parole component based in Functional Family Parole (FFP) services. Transition services assist in providing a bridge in the continuum of care. Treatment programs used within the ITM include, but are not limited to: Dialectical Behavior Therapy (DBT), Functional Family Therapy (FFT), Aggression Replacement Training (ART), Family Integrated Transitions (FIT), and Mentoring.

Rehabilitation: Screening, assessment, treatment, and supervision to facilitate youth skill development, to increase protective factors and decrease risk factors.

Specialized treatment services: Programming that addresses specialized service pertinent to a youth's rehabilitative needs such as: treatment for sexually abusive behavior, for substance abuse, and mental health treatment. Available research and standards of practice are taken into consideration in the practice of these programs.

35-400 POLICY

- 1. The Integrated Treatment Model (ITM) is the JRA case management service delivery system used throughout the continuum of care. The continuum of care includes diagnostic, residential and parole services consistent with statutory authority.
 - A. Staff are expected to use the ITM skills and strategies to provide rehabilitative services to youth and families.
 - B. ITM strategies and principles are applied to all components of the rehabilitative model. These include:
 - Engaging and motivating youth Skill acquisition; and families;
 - Engaging and motivating staff;
- Skill generalization; and
- Structuring the environment.
- C. The ITM provides the basis for intervention and security decisions for youth, commensurate with public safety and organizational units' needs.
- 2. JRA specifies strategies and tools used to screen, identify and assess youth strengths, risk, treatment, education, vocation, health, safety and security issues.
 - A. Screening and assessment results are used to assist in determining JRA placement, treatment planning, transition planning, and outcomes.
 - B. JRA considers the need to balance youth rehabilitation and public safety within the Model.
 - C. JRA provides education, vocational and health services as integral components to the ITM.
- 3. Coaching, consultation, training and practice are used to assist staff to acquire, maintain, and improve necessary skills, knowledge, and abilities.
- 4. The JRA Assistant Secretary or Division Directors authorize committees to provide guidance and oversight for treatment and for specific programs. These committees may be charged with creating manuals, aids, and guidelines for treatment services and programs consistent with ITM principles.
- 5. The ITM includes system-wide internal and external evaluation to:
 - Support quality assurance and continuous quality improvement,
 - Assess program effectiveness,
 - Provide feedback,
 - Guide program development and modifications.